

05-GF-113

To → RM  
(4220)

10 E. Doty Street, Suite 511  
Madison, WI 53703  
Telephone (608) 280-7300  
Fax (608) 280-7359



April 1, 2002

Ms. Lynda L. Dorr  
Secretary of the Commission  
Public Service Commission of Wisconsin  
610 North Whitney Way  
P.O. Box 7854  
Madison, WI 53703-7854

Re: Filing Requirements Per Wis. Admin. Code § PSC 113.0612

Dear Ms. Dorr:

Per the filing requirements of PSC 113.0612, attached is Northern State Power Company – Wisconsin's (NSPW), d/b/a Xcel Energy, *Survey of Occupational Injuries and Illnesses, 2001* report as filed with United States Department of Labor.

The 2001 OSHA Incident Rate and Lost Time Rate are:

	Incident Rate	Lost Time Rate
Western Avenue	10.34%	1.15%
Ashland	5.56%	5.56%

The United States Department of Labor chooses the sites to request information on randomly each year. Therefore, since the data is not completed for every site every year, NSPW is unable to provide the "last three years' average for each of these rates" as requested in PSC 113.0612.

If you have any specific questions regarding this filing, please contact me or Gina Feldhege at (320) 255-8617 or [gina.m.feldhege@xcelenergy.com](mailto:gina.m.feldhege@xcelenergy.com).

Respectfully submitted,

Brian R. Zelenak  
Manager, Regulatory Policy  
ph. (608) 280-7301  
[brian.r.zelenak@xcelenergy.com](mailto:brian.r.zelenak@xcelenergy.com)

Attachments (2)

c: J. Loock                      PSCW  
Gina M. Feldhege           Internal

RECEIVED

APR 1 2002

Electric Division

# Survey of Occupational Injuries and Illnesses, 2001



U.S. Department of Labor  
Bureau of Labor Statistics

Read our letter for important information

A RESPONSE

C/O DWD, WORKERS' COMP-RESEARCH  
P O Box 7901  
Madison, WI 53707

**Address for Return Envelope:**

c/o DWD, Workers' Comp-Research  
P O Box 7901  
Madison, WI 53707

**Reporting Site:**

EAU CLAIRE LOCATION ONLY

1400 Western Ave

**Your Company Address:**

55-007568561-2001

NRTHN ST POWER EAU CLAIRE  
NORTHERN STATES POWER CO  
%HR DEPARTMENT  
PO BOX 8  
EAU CLAIRE, WI 54702-0008

55-007568561-2001-1 4931 773 N 50 00

Please correct Your Company Address

N

We estimate it will take an average of 45 minutes to complete this survey (ranging from 30 minutes to 4 hours per package), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding the estimates or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS.**

The Bureau of Labor Statistics and the State agency collecting this information will use the information you provide for statistical purposes only. To the full extent permitted by law, this information will be held in confidence and will not be disclosed without the written consent of your establishment.

OMB No. 1220-0045  
Approval expires 10-31-04  
BLS-9300 N06

# Part 1: Summary of 2001 Occupational Injuries and Illnesses

All establishments must complete this part of the survey, even if there were no occupational injuries and illnesses during 2001. This form tells us about the number of employees in your establishment and the number of hours they worked. It also gives us a summary of any occupational injuries and illnesses that did occur during 2001.

If you have already provided the **Occupational Safety and Health Administration (OSHA)** with this information, you may attach a copy of their form instead of completing Part 1. If you choose to attach the OSHA form, go to **What's Next**.

To answer the questions below, you'll need

- ▶ information about employment and hours worked from your payroll, and
- ▶ your completed copy of the 2001 *Log and Summary of Occupational Injuries and Illnesses* (OSHA No. 200).

## Tell us about your establishment's employees and the hours they worked

Be sure the information you supply refers **only** to the establishment(s) noted on the cover under **Reporting Site**.

1. What is the average number of employees who worked for your establishment during 2001?  
If this number isn't available, you can estimate it this way:

87

Employment average

- ▶ **Add** together the number of employees your establishment paid in every pay period during 2001. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.
- ▶ **Divide** that answer by the number of pay periods your establishment had in 2001. Be sure to include any pay periods when you had no employees.
- ▶ **Round** the answer to the next highest whole number. Write the rounded number in the blank marked *Employment average*.

### Example

Acme Construction pays its employees 26 times each year. During 2001,

in this pay period	Acme paid this many employees
1 .....	10
2 .....	0
3 .....	15
4 .....	30
5 .....	40
↓	↓
24 .....	20
25 .....	15
26 .....	10
	830 (sum)

Because Acme has 26 pay periods, it would divide its sum by 26.

$$830 \text{ divided by } 26 = 31.92$$

Acme would round 31.92 to 32 and write that number in the blank marked *Employment average*.

2. How many hours did your employees (salaried as well as hourly employees) actually work during 2001?  
Do **not** include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

174,000

Total hours worked

If this number isn't available, you can use this worksheet to estimate it.

### Optional Worksheet

\_\_\_\_\_ Find the number of full-time employees in your establishment for 2001.

x \_\_\_\_\_ Multiply by the number of work hours for a full-time employee in a year.

\_\_\_\_\_ This is the number of full-time hours worked.

+ \_\_\_\_\_ Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal).

\_\_\_\_\_ Round the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked*.

3. Put an X in the box next to all the conditions that might have affected your answers to #1 and #2.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Nothing unusual happened | <input type="checkbox"/> Natural disaster or adverse weather conditions         |
| <input type="checkbox"/> Strike or lockout                   | <input type="checkbox"/> Shorter work schedules or fewer pay periods than usual |
| <input type="checkbox"/> Shutdown or layoff                  | <input type="checkbox"/> Longer work schedules or more pay periods than usual   |
| <input type="checkbox"/> Seasonal work                       | <input type="checkbox"/> Other reason: _____                                    |

4. Did you have ANY occupational injuries or illness during 2001?

- ☐ Yes. Go to the next section, *Tell us about the injuries and illnesses during 2001*.
- ☐ No. Go to *Sign This Form* on the back cover.

## Tell us about the injuries and illnesses during 2001

If you had occupational injuries or illnesses during 2001, follow these steps.

- 1 Go to your completed 2001 *Log and Summary of Occupational Injuries and Illnesses* (OSHA No. 200) form.
- 2 Look at the total line on the last page.
- 3 Copy the 2001 totals from your OSHA No. 200 form into the columns below. If more than one establishment is noted on the front cover under *Reporting Site*, add together the total lines from all your OSHA No. 200 forms to get the 2001 totals for all establishments. Then copy those totals into the columns below.

### Total Injuries

Copy these totals from columns (1) – (6):

Deaths as a result of injury (column 1)	Injuries with days away from work, or restricted workdays or both (column 2)	Injuries with days away from work (column 3)	Total days away from work (column 4)	Total days of restricted work activity (column 5)	Injuries without lost workdays (column 6)
0	2	1	10	1	7

### Total Types of Illnesses

Copy these totals from columns (7a) – (7g):

Skin diseases or disorders (column 7a)	Dust diseases of the lungs (column 7b)	Respiratory conditions due to toxic agents (column 7c)	Poisoning (column 7d)	Disorders due to physical agents (column 7e)	Disorders associated with repeated trauma (column 7f)	Other occupational illnesses (column 7g)
0	0	0	0	0	1	0

### Total Illnesses

Copy these totals from columns (8) – (13):

Deaths as a result of illness (column 8)	Illnesses with days away from work, or restricted workdays or both (column 9)	Illnesses with days away from work (column 10)	Total days away from work (column 11)	Total days of restricted work activity (column 12)	Illnesses without lost workdays (column 13)
0	0	0	0	0	1

## What's next

Look at the totals you copied into columns (3) and (10) above (look for the bold lines).

If you had NO cases in both columns (3) and (10), you are finished with the survey. Go to *Sign This Form* on the back cover.

- If you HAD cases in either column (3) or column (10), go to **Part 2: Reporting Cases with Days Away from Work**.

# Case with Days Away from Work

Tell us about a 2001 occupational injury or illness **only** if it resulted in days away from work. To find out which cases you should report, read the instructions at the beginning of **Part 2: Reporting Cases with Days Away from Work**. We will keep all information that you give us confidential.

## Tell us about the case

Go to your completed OSHA No. 200 form. Copy the case information from that form into the columns below.

Date of injury or illness (column B)	Employee's last name, first initial (column C)	Injury		Illness	
		Days away from work (column 4)	Days of restricted work activity (column 5)	Days away from work (column 11)	Days of restricted work activity (column 12)
1 / 18 / 01 month day year	Beaudette, R.	10	0	0	0

If, as a result of the injury or illness, the employee did NOT return to work in any capacity in 2001, tell us why.

☐ Still recovering; approximate return date \_\_\_\_ / \_\_\_\_ / 2002  
month day year

☐ Other, **examples:** retired, resigned, permanently (total) disabled: \_\_\_\_\_

## Tell us about the employee

Please answer the questions below.

1. Employee's approximate length of service at this establishment the incident occurred (optional)

- ☐ Less than 3 months  
☐ From 3 to 11 months  
☐ From 1 to 5 years  
☒ More than 5 years

2. Employee's race or ethnic background (optional)

- ☐ White, not of Hispanic origin  
☐ Black, not of Hispanic origin  
☐ Hispanic  
☐ Asian or Pacific Islander  
☐ American Indian, Aleut, or Eskimo

You may either answer the next questions or attach a copy of a supplementary document that answers them.

3. Employee's age \_\_\_\_ OR date of birth 1 / 19 / 46  
month day year

4. Employee's sex

- ☒ Male  
☐ Female

5. Employee's occupation Electrical Foreman  
Be specific and describe the occupation. Do not use a general term such as "maintenance". **Examples:** "auto mechanic"; "janitor."

## Tell us about the incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. What was the employee doing just before the incident occurred? Tell us about the activity as well as the tools, equipment, or material the employee was using. Be specific. **Examples:** "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

Moving Equipment

7. What happened? Tell us how the injury or illness occurred. **Examples:** "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

Overlifted and injured back

8. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." **Examples:** "strained back"; "chemical burn, hand"; "tendinitis, elbow"; "carpal tunnel syndrome."

Strain Back

9. What object or substance directly harmed the employee? **Examples:** "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

# Sign This Form

Print in the name, title, and phone number of the person we should call with questions about the survey. Then date and sign the

Gina Feldhege  
Printed name  
Regulatory Systems Analyst  
Title

(320) 255-8617 Ext. ( ) Fax number  
Gina Feldhege Signature  
1-31-02 Today's date

Use the return envelope to send us the **entire package** — everything that we sent you — within 30 days of the date your establishment received it. If the return envelope is missing, send the **entire package** to the return address on the front cover (look for **Address for Return Envelope**).

## If You Need Help . . .

If you have any questions or if you need help completing the survey, call the phone number that is listed below for your State. The phone number may be for an office outside of your State, but they will be able to help you. If you prefer to write, send your letter to the return address on the front of this package.

### A - H

**Alabama** (334) 242-3460  
(334) 240-3417 fax

**Alaska** (907) 465-5883  
(907) 465-2101 fax

**Arizona** (602) 542-3739  
(602) 542-6360 fax

**Arkansas** (501) 682-4542  
(501) 682-4754 fax

**California** (415) 703-3020  
(415) 703-3029 fax

**Colorado** (816) 426-2483  
(816) 426-7774 fax

**Connecticut** (860) 566-4380  
(860) 566-1731 fax

**Delaware** (302) 761-8223, 8221  
(302) 761-6601 fax

**District of Columbia**  
(908) 928-1327  
(908) 928-1340 fax

**Florida** (850) 922-8953  
(850) 922-0024 fax

**Georgia** (404) 679-0687, ext. 114  
(404) 679-5818 fax

**Guam** (671) 475-0168  
(671) 475-0166 fax

**Hawaii** (808) 586-9001  
(808) 586-9022 fax

### I - M

**Idaho** (415) 975-4473  
(415) 975-4472 fax

**Illinois** (217) 524-2098  
(217) 557-5152 fax

**Indiana** (317) 232-2668  
(317) 233-3790 fax

**Iowa** (515) 281-3661  
(515) 242-5076 fax

**Kansas** (785) 296-5642  
(785) 291-3612 fax

**Kentucky** (502) 564-3070  
ext. 276, 278, 279  
(502) 564-1682 fax

**Louisiana** (225) 342-3126  
(225) 342-3269 fax

**Maine** (207) 624-6453  
(207) 624-6450 fax

**Maryland** (410) 767-2373  
(410) 333-7909 fax

**Massachusetts** (617) 727-3593  
(617) 727-5726 fax

**Michigan** (517) 322-1848  
(517) 322-5117 fax

**Minnesota** (651) 284-5428  
(651) 297-1549 fax

**Mississippi** (404) 562-2518  
(404) 562-2542 fax

**Missouri** (573) 751-2454, 3802,  
2663, 2719  
(573) 751-2319 fax

**Montana** (406)-444-3297  
(406)-444-2638 fax

### N - P

**Nebraska** (402) 471-3547  
(402) 471-2700 fax

**Nevada** (775) 684-7083  
(775) 687-3826 fax

**New Hampshire** (617) 565-2302  
(617) 565-3847 fax

**New Jersey** (609) 633-0755  
(609) 633-0618 fax

**New Mexico** (505) 827-4230  
(505) 476-8566 fax

**New York** (212) 352-6688, 6690  
(212) 352-6711 fax

**North Carolina** (919) 733-2758  
(919) 733-2186 fax

**North Dakota** (312) 353-7253  
(312) 353-7230 fax

**Ohio** (312) 353-7253  
(312) 353-7230 fax

**Oklahoma** (405) 528-1500 ext. 257  
(405) 528-3412 fax

**Oregon** (503) 947-7030  
(503) 378-3134 fax

**Pennsylvania** (215) 861-5638  
(215) 861-5736 fax

**Puerto Rico** (787) 754-5737  
(787) 765-4687 fax

### R - W

**Rhode Island** (401) 462-8820  
(401) 462-8766 fax

**South Carolina** (803) 734-9653, 9654  
(803) 734-9772 fax

**South Dakota** (312) 353-7253  
(312) 353-7230 fax

**Tennessee** (615) 741-1748  
(615) 253-5501 fax

**Texas** (512) 804-4657  
(512) 804-4652 fax

**Utah** (801) 530-6926, 6823  
(801) 536-7906 fax

**Vermont** (802) 828-5076  
(802) 828-2195 fax

**Virgin Islands**  
(340) 776-3700  
(340) 777-4803 fax

**Virginia** (804) 786-8011  
(804) 786-8418 fax

**Washington** (360) 902-5640  
(360) 902-5529 fax

**West Virginia** (304) 558-3322

**Wisconsin** (800) 884-1273  
(608) 267-0394 fax

**Wyoming** (816) 426-2483  
(816) 426-7774 fax

# Survey of Occupational Injuries and Illnesses, 2001



U.S. Department of Labor  
Bureau of Labor Statistics

## FEDERAL LAW MANDATES A RESPONSE

Read our letter for important information

C/O DWD, WORKERS' COMP-RESEARCH  
P O Box 7901  
Madison, WI 53707

### Address for Return Envelope:

c/o DWD, Workers' Comp-Research  
P O Box 7901  
Madison, WI 53707

### Reporting Site:

THIS LOCATION ONLY

### Your Company Address:

55-066855771-2001

NORTHERN STATES POWER CO  
NORTHER STATES POWER ASHLAND  
301 EAST FRONT ST  
ASHLAND, WI 54806-0000

55-066855771-2001-1 4931 51 N 50 00

Please correct your Company Address

N

We estimate it will take an average of 45 minutes to complete this survey (ranging from 30 minutes to 4 hours per package), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding the estimates or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS.**

The Bureau of Labor Statistics and the State agency collecting this information will use the information you provide for statistical purposes only. To the full extent permitted by law, this information will be held in confidence and will not be disclosed without the written consent of your establishment.

OMB No. 1220-0045  
Approval expires 10-31-04  
BLS-9300 N06

# Part 1: Summary of 2001 Occupational Injuries and Illnesses

Establishments must complete this part of the survey, even if there were no occupational injuries and illnesses during 2001. This form tells us about the number of employees in your establishment and the number of hours they worked. It also gives us a summary of any occupational injuries and illnesses that did occur during 2001.

If you have already provided the Occupational Safety and Health Administration (OSHA) with this information, you may attach a copy of their form instead of completing Part 1. If you choose to attach the OSHA form, go to *What's Next*.

To answer the questions below, you'll need

- ▶ information about employment and hours worked from your payroll, and
- ▶ your completed copy of the 2001 *Log and Summary of Occupational Injuries and Illnesses* (OSHA No. 200).

## Tell us about your establishment's employees and the hours they worked

Be sure the information you supply refers **only** to the establishment(s) noted on the cover under *Reporting Site*.

1. What is the average number of employees who worked for your establishment during 2001?

If this number isn't available, you can estimate it this way:

18

*Employment average*

- ▶ Add together the number of employees your establishment paid in every pay period during 2001. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.
- ▶ Divide that answer by the number of pay periods your establishment had in 2001. Be sure to include any pay periods when you had no employees.
- ▶ Round the answer to the next highest whole number. Write the rounded number in the blank marked *Employment average*.

### Example

Acme Construction pays its employees 26 times each year. During 2001,

in this pay period	Acme paid this many employees
1 .....	10
2 .....	0
3 .....	15
4 .....	30
5 .....	40
↓	↓
24 .....	20
25 .....	15
26 .....	10
	830 (sum)

Because Acme has 26 pay periods, it would divide its sum by 26.

$$830 \text{ divided by } 26 = 31.92$$

Acme would round 31.92 to 32 and write that number in the blank marked *Employment average*.

2. How many hours did your employees (salaried as well as hourly employees) actually work during 2001?

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

36,000

*Total hours worked*

If this number isn't available, you can use this worksheet to estimate it.

### Optional Worksheet

- \_\_\_\_\_ Find the number of full-time employees in your establishment for 2001.
- x \_\_\_\_\_ Multiply by the number of work hours for a full-time employee in a year.
- \_\_\_\_\_ This is the number of full-time hours worked.
- + \_\_\_\_\_ Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal).
- \_\_\_\_\_ Round the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked*.



3. Put an X in the box next to all the conditions that might have affected your answers to #1 and #2.

- |   |   |
|---|---|
| <input type="checkbox"/> Nothing unusual happened | <input type="checkbox"/> Natural disaster or adverse weather conditions         |
| <input type="checkbox"/> Strike or lockout        | <input type="checkbox"/> Shorter work schedules or fewer pay periods than usual |
| <input type="checkbox"/> Shutdown or layoff       | <input type="checkbox"/> Longer work schedules or more pay periods than usual   |
| <input type="checkbox"/> Seasonal work            | <input type="checkbox"/> Other reason: _____                                    |

4. Did you have ANY occupational injuries or illness during 2001?

- ☐ Yes. Go to the next section, *Tell us about the injuries and illnesses during 2001*.
- ☐ No. Go to *Sign This Form* on the back cover.

## Tell us about the injuries and illnesses during 2001

If you had occupational injuries or illnesses during 2001, follow these steps.

- 1 Go to your completed 2001 *Log and Summary of Occupational Injuries and Illnesses* (OSHA No. 200) form.
- 2 Look at the total line on the last page.
- 3 Copy the 2001 totals from your OSHA No. 200 form into the columns below. If more than one establishment is noted on the front cover under *Reporting Site*, add together the total lines from all your OSHA No. 200 forms to get the 2001 totals for all establishments. Then copy those totals into the columns below.

### Total Injuries

Copy these totals from columns (1) – (6):

Deaths as a result of injury (column 1)	Injuries with days away from work, or restricted workdays or both (column 2)	Injuries with days away from work (column 3)	Total days away from work (column 4)	Total days of restricted work activity (column 5)	Injuries without lost workdays (column 6)
0	1	1	1	0	0

### Total Types of Illnesses

Copy these totals from columns (7a) – (7g):

Skin diseases or disorders (column 7a)	Dust diseases of the lungs (column 7b)	Respiratory conditions due to toxic agents (column 7c)	Poisoning (column 7d)	Disorders due to physical agents (column 7e)	Disorders associated with repeated trauma (column 7f)	Other occupational illnesses (column 7g)
0	0	0	0	0	0	0

### Total Illnesses

Copy these totals from columns (8) – (13):

Deaths as a result of illness (column 8)	Illnesses with days away from work, or restricted workdays or both (column 9)	Illnesses with days away from work (column 10)	Total days away from work (column 11)	Total days of restricted work activity (column 12)	Illnesses without lost workdays (column 13)
0	0	0	0	0	0

## What's next

Look at the totals you copied into columns (3) and (10) above (look for the bold lines).

If you had NO cases in both columns (3) and (10), you are finished with the survey. Go to *Sign This Form* on the back cover.

- If you HAD cases in either column (3) or column (10), go to *Part 2: Reporting Cases with Days Away from Work*.

## Case with Days Away from Work

Tell us about a 2001 occupational injury or illness only if it resulted in days away from work. To find out which cases you should report, read the instructions at the beginning of **Part 2: Reporting Cases with Days Away from Work**. We will keep all information that you give us confidential.

### Tell us about the case

Go to your completed OSHA No. 200 form. Copy the case information from that form into the columns below.

Date of injury or illness (column B)	Employee's last name, first initial (column C)	Injury		Illness	
		Days away from work (column 4)	Days of restricted work activity (column 5)	Days away from work (column 11)	Days of restricted work activity (column 12)
9 / 4 / 01 month day year	Jensen, J	1	0	0	0

If, as a result of the injury or illness, the employee did NOT return to work in any capacity in 2001, tell us why.

☐ Still recovering; approximate return date 1 / 1 / 2002  
month day year

☐ Other, **examples:** retired, resigned, permanently (total) disabled: \_\_\_\_\_

### Tell us about the employee

Please answer the questions below.

1. Employee's approximate length of service at this establishment at the time the incident occurred (optional)

- ☐ Less than 3 months  
☐ From 3 to 11 months  
☐ From 1 to 5 years  
☒ More than 5 years

2. Employee's race or ethnic background (optional)

- ☐ White, not of Hispanic origin  
☐ Black, not of Hispanic origin  
☐ Hispanic  
☐ Asian or Pacific Islander  
☐ American Indian, Aleut, or Eskimo

You may either answer the next questions or attach a copy of a supplementary document that answers them.

3. Employee's age \_\_\_\_\_ OR date of birth 9 / 4 / 50  
month day year

4. Employee's sex

- ☒ Male  
☐ Female

5. Employee's occupation Welder Fitter  
Be specific and describe the occupation. Do not use a general term such as "maintenance". **Examples:** "auto mechanic"; "janitor."

### Tell us about the incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. What was the employee doing just before the incident occurred? Tell us about the activity as well as the tools, equipment, or material the employee was using. Be specific. **Examples:** "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

Loading Roll of 2' poly gas pipe onto trailer

7. What happened? Tell us how the injury or illness occurred. **Examples:** "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

Lifting a Sliding Pipe, Felt strain in upper back

8. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." **Examples:** "strained back"; "chemical burn, hand"; "tendinitis, elbow"; "carpal tunnel syndrome."

strained back

9. What object or substance directly harmed the employee? **Examples:** "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

Lifting Pipe

# Sign This Form

Fill in the name, title, and phone number of the person we should call with questions about the survey. Then date and sign the

Gina Feldhege  
Printed name  
Regulatory Systems Analyst  
Title

(320) 255-8617 ( )  
Telephone number Ext. Fax number  
Gina Feldhege  
Signature  
2-8-02  
Today's date

Use the return envelope to send us the **entire package** — everything that we sent you — within 30 days of the date your establishment received it. If the return envelope is missing, send the **entire package** to the return address on the front cover (look for **Address for Return Envelope**).

## If You Need Help . . .

If you have any questions or if you need help completing the survey, call the phone number that is listed below for your State. The phone number may be for an office outside of your State, but they will be able to help you. If you prefer to write, send your letter to the return address on the front of this package.

### A - H

**Alabama** (334) 242-3460  
(334) 240-3417 fax  
**Alaska** (907) 465-5883  
(907) 465-2101 fax  
**Arizona** (602) 542-3739  
(602) 542-6360 fax  
**Arkansas** (501) 682-4542  
(501) 682-4754 fax  
**California** (415) 703-3020  
(415) 703-3029 fax  
**Colorado** (816) 426-2483  
(816) 426-7774 fax  
**Connecticut** (860) 566-4380  
(860) 566-1731 fax  
**Delaware** (302) 761-8223, 8221  
(302) 761-6601 fax  
**District of Columbia**  
(908) 928-1327  
(908) 928-1340 fax  
**Florida** (850) 922-8953  
(850) 922-0024 fax  
**Georgia** (404) 679-0687, ext. 114  
(404) 679-5818 fax  
**Guam** (671) 475-0168  
(671) 475-0166 fax  
**Hawaii** (808) 586-9001  
(808) 586-9022 fax

### I - M

**Idaho** (415) 975-4473  
(415) 975-4472 fax  
**Illinois** (217) 524-2098  
(217) 557-5152 fax  
**Indiana** (317) 232-2668  
(317) 233-3790 fax  
**Iowa** (515) 281-3661  
(515) 242-5076 fax  
**Kansas** (785) 296-5642  
(785) 291-3612 fax  
**Kentucky** (502) 564-3070  
ext. 276, 278, 279  
(502) 564-1682 fax  
**Louisiana** (225) 342-3126  
(225) 342-3269 fax  
**Maine** (207) 624-6453  
(207) 624-6450 fax  
**Maryland** (410) 767-2373  
(410) 333-7909 fax  
**Massachusetts** (617) 727-3593  
(617) 727-5726 fax  
**Michigan** (517) 322-1848  
(517) 322-5117 fax  
**Minnesota** (651) 284-5428  
(651) 297-1549 fax  
**Mississippi** (404) 562-2518  
(404) 562-2542 fax  
**Missouri** (573) 751-2454, 3802,  
2663, 2719  
(573) 751-2319 fax  
**Montana** (406) 444-3297  
(406) 444-2638 fax

### N - P

**Nebraska** (402) 471-3547  
(402) 471-2700 fax  
**Nevada** (775) 684-7083  
(775) 687-3826 fax  
**New Hampshire** (617) 565-2302  
(617) 565-3847 fax  
**New Jersey** (609) 633-0755  
(609) 633-0618 fax  
**New Mexico** (505) 827-4230  
(505) 476-8566 fax  
**New York** (212) 352-6688, 6690  
(212) 352-6711 fax  
**North Carolina** (919) 733-2758  
(919) 733-2186 fax  
**North Dakota** (312) 353-7253  
(312) 353-7230 fax  
**Ohio** (312) 353-7253  
(312) 353-7230 fax  
**Oklahoma** (405) 528-1500 ext. 257  
(405) 528-3412 fax  
**Oregon** (503) 947-7030  
(503) 378-3134 fax  
**Pennsylvania** (215) 861-5638  
(215) 861-5736 fax  
**Puerto Rico** (787) 754-5737  
(787) 765-4687 fax

### R - W

**Rhode Island** (401) 462-8820  
(401) 462-8766 fax  
**South Carolina** (803) 734-9653, 9654  
(803) 734-9772 fax  
**South Dakota** (312) 353-7253  
(312) 353-7230 fax  
**Tennessee** (615) 741-1748  
(615) 253-5501 fax  
**Texas** (512) 804-4657  
(512) 804-4652 fax  
**Utah** (801) 530-6926, 6823  
(801) 536-7906 fax  
**Vermont** (802) 828-5076  
(802) 828-2195 fax  
**Virgin Islands**  
(340) 776-3700  
(340) 777-4803 fax  
**Virginia** (804) 786-8011  
(804) 786-8418 fax  
**Washington** (360) 902-5640  
(360) 902-5529 fax  
**West Virginia** (304) 558-3322  
**Wisconsin** (800) 884-1273  
(608) 267-0394 fax  
**Wyoming** (816) 426-2483  
(816) 426-7774 fax